

YEAR END REPORT

Rural Health Services Small Grants Program

Contract Number: _____

Contractor Name: _____

1. Provide a brief summary of project accomplishments according to the Scope of Work provisions outlined in the Agreement and program application. Include statements regarding the impact this program has had on the facility and community.

2. Provide a brief summary of how the project's success was measured and evaluated according to the Scope of Work provisions outlined in the Agreement.

3. I, certify that this Rural Health Services Small Grants Program project has fully and satisfactorily met all provisions of the Agreement, including the Scope of Work.

Authorized Signature

Date